


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90044 042 ***150.00

DOCUMENT # M43459
 1. Entity Name
ORMA & SONS, INC.



Principal Place of Business
4626 UNIVERSITY DRIVE
CORAL GABLES FL 33146-1149

Mailing Address
4626 UNIVERSITY DRIVE
CORAL GABLES FL 33146-1149

2. Principal Place of Business
601 Brickell Key Dr.
 Suite, Apt. #, etc.
Suite 201
 City & State
Miami, FL

3. Mailing Address
601 Brickell Key Dr.
 Suite, Apt. #, etc.
Suite 201
 City & State
Miami, FL

4. FEI Number
59-2749987

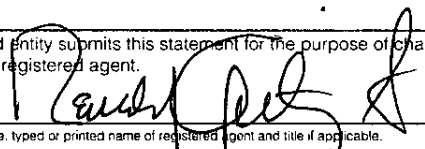
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~OMAN, EARL K.~~
~~4626 UNIVERSITY DRIVE~~
~~CORAL GABLES FL 33146-1149~~

7. Name and Address of New Registered Agent
 Name **RENALDY J. GUTIERREZ**
 Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Dr. # 201
 City **Miami** FL Zip Code **33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3-30-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

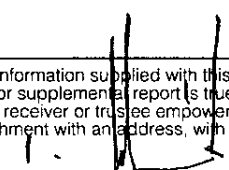
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	ALCIVAR, ORLANDO	4626 UNIVERSITY DRIVE	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	ALCIVAR, ORLANDO	1901 BRICKELL AVE. APT. 1008	MIAMI, FL. 33129	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ORLANDO ALCIVAR** DATE **3-30-04** DAYTIME PHONE # **305-858-8361**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



MOORE CR2E034 (11/03)